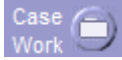
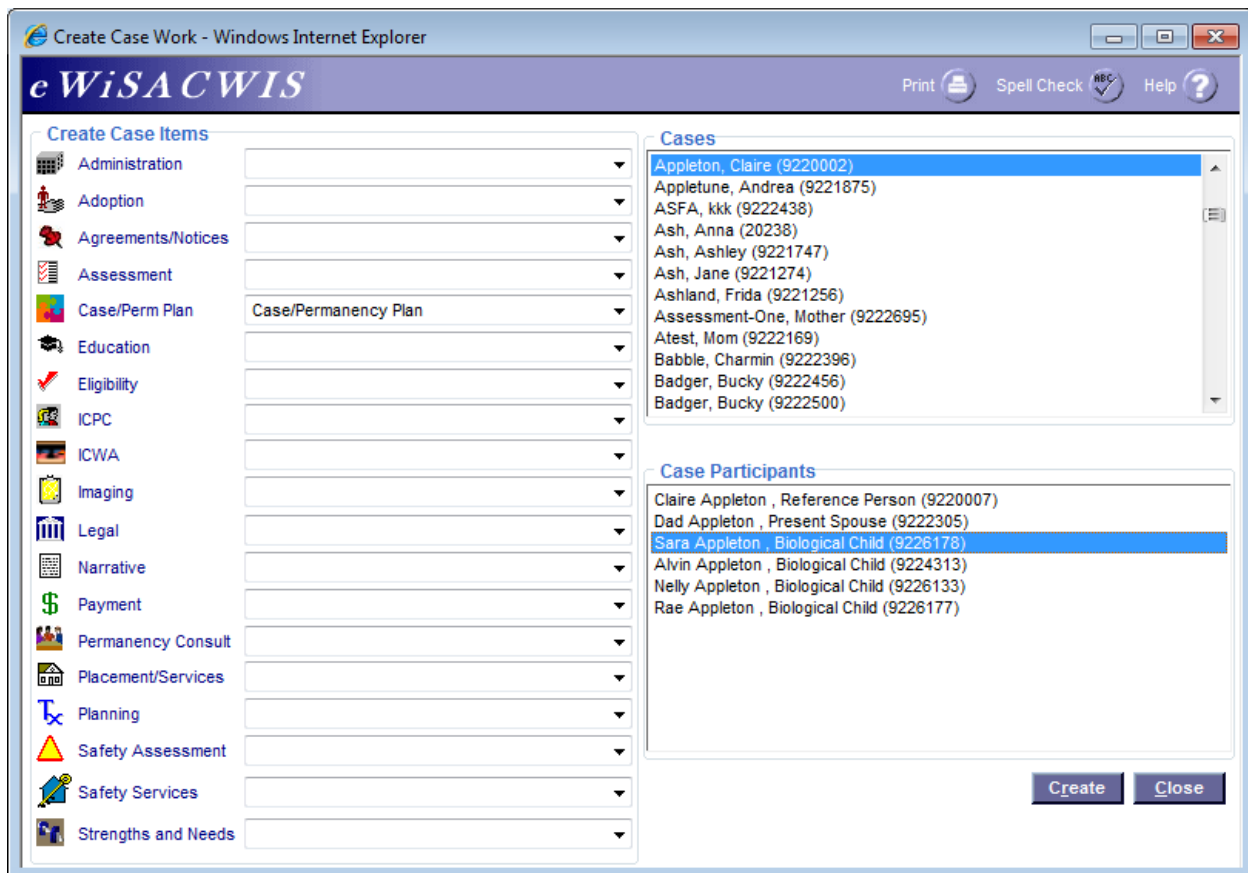


Permanency Plan

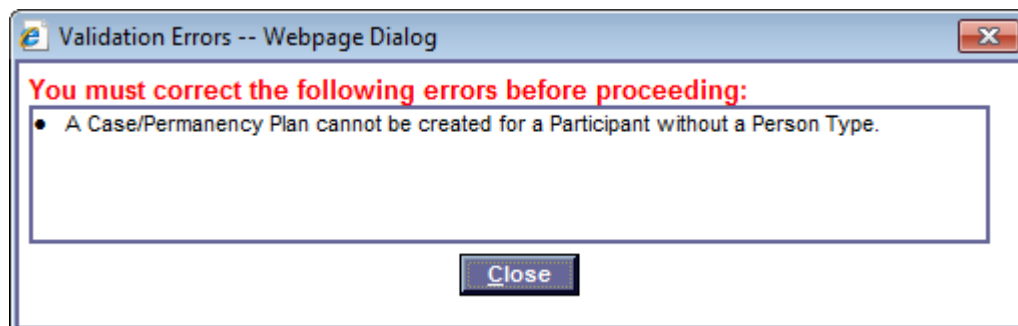
The Permanency Plan has many different aspects and can change when information is updated on the case or person. If the child has an Out of Home Placement (OHP) and there are no safety concerns (the child is safe) on the Safety Assessment, Analysis and Plan, then the Case/Permanency Plan page will not have a Safety tab. For a child in an OHP with a Person Type of CPS then the Safety tab displays. If a Case/Permanency Plan already exists for a child in the case, then you can use the copy function when you create the Permanency Plan.

Note: In order to create a Permanency Plan, an assignment to the case is needed.

1. From the desktop, go up to Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Case/Permanency Plan from the Case/Perm Plan icon. Select the family and the case participant. Then click Create.



Note: A Person Type is required in order to create a Permanency Plan. See the Person Management Quick Reference Guide for additional information.



3. If a Permanency Plan or Case Plan exists, the Case/Permanency Plan Creation page will appear. Click the Copy hyperlink to copy an associated Plan. Otherwise, click the Create button to create a new Permanency Plan.

Case/Permanency Plan Creation - Windows Internet Explorer

eWiSACWIS Print Spell Check Help

Please select a plan to copy from if appropriate

Existing Case/Permanency Plans

Child	Plan Date ▼	Plan Type	Status	
Multi-Child	10/03/2012	Case Plan	Pending	Copy

Create Close

Done Local intranet | Protected Mode: Off 100%

- On the Case/Permanency Plan page, enter a date in the Plan Date field. Entering a Plan Date will determine what type of plan you will see, based on the child's Person Type.

Note: A future date can be entered for the Plan Date. A future date is encouraged to bring in any additional applicable information (Out of Home Placements and Services; Confirming Safe Environments; Family Interaction Plan; Education; Medical/Mental Health; Independent Living; Safety Assessment, Analysis and Plan; and CANS) each time the plan is opened. In order to approve the plan, a future Plan Date is not allowed but upon approval, you will be able to update the Plan Date to the approval date.

- The first tab is the Basic tab. In the Court Information group box, click the Add/Edit button to add the court information.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/2012 Plan Date: 02/11/2013

Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent

Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic Considerations for Review/Hearing Removal Placement Permanency Well-Being Safety Planning & Services

Court Information

Court File Number(s) Branch Judge

[Add/Edit](#)

Parent Info

Mother: [Appleton, Claire](#) Address: 111222 Penntwon Rd Baraboo, WI 53913 Phone: (608)888-8888 Cell Phone: [Modify](#) Mother's Attorney: [Modify](#)

Father: [Appleton, Dad](#) Address: 225 Learjet Way Eagle River, WI 54521 Phone: (715)222-2222 Cell Phone: [Modify](#) Father is: [Modify](#) Father's Attorney:

Collaterals

[Modify](#) Guardian ad Litem: Smith, Tanny [Modify](#) Public Defender / Attorney for Child:

[Modify](#) District Attorney / Corporation Counsel: [Modify](#) Other:

[Modify](#) Court Appointed Special Advocate:

Options: [Go](#) [Save](#) [Close](#)

Done Local intranet | Protected Mode: Off 100%

6. On the Court Information Selection page, select all applicable court numbers. If the appropriate court number is not displayed, click the Legal Record hyperlink to add the court information to the Legal Record. Once all court numbers have been selected, click the Continue button to return to the Case/Permanency Plan page.

Court Information Selection -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Court Information Selection

Select all that apply.

Select	Court Number	Branch	Judge	Date
<input type="checkbox"/>	Not Applicable			

[Legal Record](#)

Continue Close

7. In the Parent Info group box, you will see the child's mother and father. To add either of them, click on the Child Name hyperlink at the top of the page and update the Parent Info tab of the child's Person Management page. If any of the information in the Mother or Father section needs updating, click on the associated Mother or Father hyperlink to open the Mother's or Father's Person Management page. Click on the Modify hyperlink for the mother or father to add the mother's or father's attorney on the Collaterals tab of the Maintain Case page.

Note: The Display checkbox is automatically checked. If you uncheck the checkbox then the address information does not display on the Permanency Plan template.

Note: If the child has a Legal Guardian(s) or Indian Custodian(s) documented on the Parent Info tab of her Person Management page, the Legal Guardians and/or Indian Custodians group boxes will appear.

8. To update any of the Collaterals, click on the associated Modify hyperlink in the Collaterals group box. This will open the Collaterals tab on the Maintain Case page. For any other type of collateral besides what is listed in the Collaterals group box, enter information in the Other box.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/2012 Plan Date: 02/11/2013

Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent

Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic Considerations for Review/Hearing Removal Placement Permanency Well-Being Safety Planning & Services

Court Information

Court File Number(s) Branch Judge

Not Applicable

[Add/Edit](#)

Parent Info

Mother: [Appleton, Claire](#) Father: [Appleton, Dad](#)

Display: ☒ Address: 111222 Penntwon Rd Baraboo, WI 53913 Display: ☒ Address: 225 Learjet Way Eagle River, WI 54521

Phone: (608)888-8888 Phone: (715)222-2222

Cell Phone: Cell Phone:

[Modify](#) Mother's Attorney: [Modify](#) Father's Attorney:

Collaterals

[Modify](#) Guardian ad Litem: Smith, Tanny [Modify](#) Public Defender / Attorney for Child:

[Modify](#) District Attorney / Corporation Counsel: Other:

[Modify](#) Court Appointed Special Advocate:

Options: Go [Save](#) [Close](#)

Done Local intranet | Protected Mode: Off 100%

9. The second tab is the Considerations for Review/Hearing tab. If the ICWA Considerations is Yes then all the pertinent information displays in this group box. Click the Modify hyperlink to update the child's race, ethnicity, and tribal information on the Person Management page.
10. Enter text in the narrative boxes in the Other Considerations group box. The Child, Mother, and Father face-to-face contacts will come from the Case Notes page for the most recent face-to-face contacts (Face-to-Face Result must = Occurred). To update the dates, click on the Create Case Note hyperlink to open the Case Notes page. Enter a date for the Out-of-home care provider last face-to-face contact.

Note: The Finalized checkbox on the Case Notes page does not need to be checked in order for the case notes to appear.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/1993 Plan Date: 02/11/2013
Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent
Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic **Considerations for Review/Hearing** Removal Placement Permanency Well-Being Safety Planning & Services

ICWA Considerations

Are there any Indian Child Welfare Act considerations with this child? No [Modify](#)

Other Considerations

Provide a statement as to whether the child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or review.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Date of last face-to-face contact: [Create Case Note](#)

Child: [10/06/2012](#) Mother: [10/04/2012](#) (Contact By Designee)
Father: [10/06/2012](#) Out-of-home care provider: 00/00/0000

Relevant information (e.g., location, who was in attendance, any interactions that were notable).

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Options: [Go](#) [Save](#) [Close](#)

100%

11. The third tab is the Removal tab. Enter text in both of the required narrative boxes in the Removal group box.

Note: If the child is Indian, a third narrative box will appear. Enter narrative in the associated box.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/2012 Plan Date: 02/11/2013
Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent
Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic Considerations for Review/Hearing Removal Placement Permanency Well-Being Safety Planning & Services

Removal

Explain the basis of the decision to place the child in custody. Include a narrative of the circumstances and why remaining in the home would be contrary to the child's welfare; and the jurisdictional statute used as the basis.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Identify and describe the actions taken and the services offered or provided by the agency to make reasonable efforts to prevent removal of the child from the home.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Options: [] Go Save Close

Done Local intranet | Protected Mode: Off 100%

12. The fourth tab is the Placement tab. This displays all information related to the child's placement. If you uncheck the Display checkbox then this information (provider's name and address) does not display on the Permanency Plan template. Select the appropriate Educational Stability Consideration for each Out of Home Placement.
13. If your agency's service types indicate "Prefill Templates," then any applicable Services will pre-fill in the Placement Services History group box.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/1993 Plan Date: 02/11/2013

Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent

Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Placement History

Date of Removal: 10/04/2012 [View Current Placement](#)

Begin Date	End Date	Placement Type	Out-of-Home Care Provider	Display	Educational Stability Consideration
10/04/2012	Present	Unlicensed-Non-Relative	Feracotta, Lori 123 Testme St. Madison, WI 53701	<input checked="" type="checkbox"/>	Child is not of school age

Placement Services History

Begin Date	End Date	Service Type	Service Provider
------------	----------	--------------	------------------

Options:

Done Trusted sites | Protected Mode: Off 100%

14. In the Consideration of Relatives group box, select the Yes or No radio button to indicate if the child is placed with a relative.
15. If no relatives are documented on the Relative/Non-Relative Search Summary page for the child, answer the question, "If a relative could not be located, describe subsequent/current efforts made to locate a relative." To add any relatives, click on the Relative Search hyperlink. See the associated Relative/Non-Relative Search Quick Reference Guide.

Consideration of Relatives

☐ Yes ☐ No Is the child placed with a relative? [Relative Search](#)

If the child is **not** placed with a relative, describe why placement was not available, appropriate or safe. Identify which relatives have been sent notification of the child's placement into out-of-home care below.

Relative Contact Information	Relationship to Child	Notification of Placement Sent	Placement Considered	Description of why placement was not available, appropriate or safe.
------------------------------	-----------------------	--------------------------------	----------------------	--

If a relative could not be located, describe subsequent/current efforts made to locate a relative.

[More...](#) [Less...](#) [Default](#)

If the Relative/Non-Relative Search Summary page contains any relatives, the relative section will display the relatives. If indicated ‘Yes’ the child is placed with a relative, at least one relative must be documented on relative search.

Note: Non-Relatives will only display here if a Notification of Placement was sent to that non-relative.

Note: Any Relative Search records that were created when they were copied over from another child when the Notification of Placement was created, will need to have the relationship and placement consideration section completed before the plan can be approved.

Consideration of Relatives

☐ Yes
 ☒ No
 Is the child placed with a relative?
 [Relative Search](#)

If the child is **not** placed with a relative, describe why placement was not available, appropriate or safe. Identify which relatives have been sent notification of the child's placement into out-of-home care below.

Relative Contact Information	Relationship to Child	Notification of Placement Sent	Placement Considered	Description of why placement was not available, appropriate or safe.
Appleton, Grandma 321 State Street Madison, WI 53701	great grandparent	10/05/2012	Yes	Description here...
Badger, Bucky 123 Camp Randall Avenue Madison, WI 53701	uncle	10/05/2012	Yes	Description here...
Badger, Lady 123 Camp Randall Avenue Madison, WI 53701	aunt	10/05/2012	Yes	Description here....

16. In the Consideration of Siblings group box, select the appropriate radio button.

Consideration of Siblings

Are all siblings that are in OHC placed together?

☐ Does not apply. Child has no siblings or other siblings are not in placement.
 ☐ Yes
 ☐ No, explain:

17. In the Location of Placement group box, select the appropriate radio button. If the “No setting is available...” radio button is select, enter narrative in the associated box.

Location of Placement

- ☐ The child's placement is within 60 miles of the child's home and is in close proximity so as not to interfere with carrying out the permanency plan and maintaining the level of contact with the parents that is deemed appropriate.
- ☐ No setting is available within 60 miles of the child's home that could respond to all the issues and needs that are part of this placement.
- Describe: - Why a placement within 60 miles of the child's home is either unavailable or inappropriate; OR
- Why a placement more than 60 miles from the child's home is in the child's best interest.

[More...](#) [Less...](#) [Default](#)

18. In the Placement Changes group box, select the Yes or No button for each of the questions. If the court ordered a transitional change or the agency anticipates a placement change, click on the Search hyperlink and search out the upcoming provider. The name and address of the new placement will pre-fill to the plan. Enter text in the associated narrative field.

Placement Changes

Did the court order indicate a transitional placement?

☒ Yes

☐ No

Name of the New Placement: Badger, Bucky

[Search](#)

Address of the New Placement: 123 Camp Randall
Avenue, Madison, WI 53701

If yes, describe in detail including anticipated date of the placement change:

Describing here...

[More...](#) [Less...](#) [Default](#)

Does the agency anticipate a placement change?

☒ Yes

☐ No

Name of the New Placement: Badger, Bucky

[Search](#)

Address of the New Placement: 123 Camp Randall
Avenue, Madison, WI 53701

If yes, describe in detail including anticipated date of the placement change:

Describing here...

[More...](#) [Less...](#) [Default](#)

19. In the Confirming/Reconfirming Safe Environments group box, information from the most recent Confirming/Reconfirming Safe Environments (CSE/RCSE) will pre-fill. If the CSE/RCSE does not exist, click on the Create CSE/RCSE hyperlink. See the associated Confirming Safe Environments or Reconfirming Safe Environments Quick Reference Guides for additional information.

Note: If the CSE/RCSE is pending, the hyperlink will read “Modify CSE/RCSE.” If the CSE/RCSE is approved, the hyperlink will read “View CSE/RCSE.”

Note: There must be an associated approved CSE/RCSE within the past 6 months in order to approve the Permanency Plan.

Confirming/Reconfirming Safe Environments

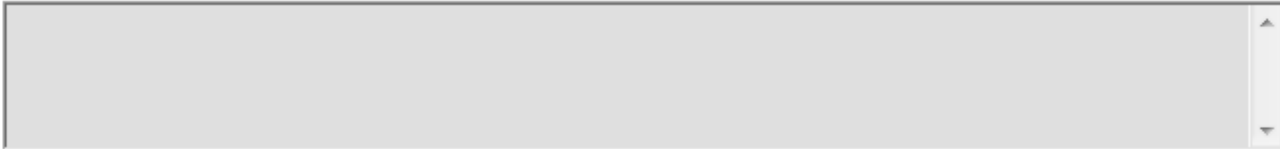
Date of CANS: Child's Assessed Level of Need (LON): Provider's Level of Care (LOC):

[Create CSE/RCSE](#)

Child/Provider Match:

[View CSE/RCSE](#)

Describe:



Placement Danger Threats:

No present danger threats.

The court continued placement despite an identified Placement Danger Threat. N/A

20. The fifth tab is the Permanency tab. In the Determination of Appropriateness for Concurrent Planning group box, select the Yes or No radio button next to each question. Depending upon how the questions are answered, the agency's determination of whether to engage in concurrent planning will indicate whether current planning is needed. Answer the question, "Despite the agency's determination to engage in concurrent planning, has the court determined that having a concurrent permanency goal is not appropriate?" If Yes is selected, enter the Date.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/2012 Plan Date: 02/11/2013

Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent

Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic Considerations for Review/Hearing Removal Placement Permanency Well-Being Safety Planning & Services

Determination of Appropriateness for Concurrent Planning

☒ Yes ☐ No The child has been the victim of more than one form of abuse.

☒ Yes ☐ No There have been 3 or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect or there is a pattern of intergenerational abuse with a lack of historical change in family dynamics.

☒ Yes ☐ No A parent has a history of substance abuse or is chemically dependent and/or has a history of treatment failures or the child was drug-exposed at the time of birth.

☒ Yes ☐ No The child has been abandoned with friends, relatives, out-of-home care providers, hospital, or after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely.

☒ Yes ☐ No A parent is intellectually impaired, or has shown significant deficits in care for the child and has no support system of relatives able to share parenting.

☒ Yes ☐ No Parents or caretakers have a pattern of at least one year of documented history of domestic violence between caretakers and they refuse to separate.

☒ Yes ☐ No A parent's rights to another child have been involuntarily terminated or the parent has asked to relinquish the child on more than one occasion.

☒ Yes ☐ No A parent has significant, protracted, and untreated mental health issues.

☒ Yes ☐ No The child or siblings have been placed in out-of-home care or with relatives for periods of over six months duration or have had repeated placements with CPS intervention and previous attempts at reunification have failed.

☒ Yes ☐ No A parent's only visible support system is a drug culture, with no significant effort to change over time.

☐ Yes ☒ No A parent has repeatedly and with premeditation harmed a child or the child experienced extreme physical or sexual abuse by a parent or the parent has allowed someone else to abuse the child.

☒ Yes ☐ No A parent has previously killed or seriously harmed another child.

The agency's determination of whether to engage in concurrent planning indicates

☒ One or more of the above circumstances exist indicating a need for concurrent planning.

☐ No circumstances exist

Options: Go Save Close

Done Local intranet | Protected Mode: Off 100%

21. If this is a Subsequent plan, select the Permanence Goal from the drop-down in the Current Permanence Goal of Record group box. If applicable, select the Concurrent Goal.

Note: If the plan is the Original plan, there will be only a Proposed Permanence Goals group box.

In the Permanence Goal and Concurrent Goal group boxes, the set of questions will vary, depending upon which goal was selected in the Current Permanence Goal of Record group box. Document a response to each of the questions. If applicable, select the appropriate radio button for the question(s).

22. In the Proposed Permanence Goals group box, select the Permanence Goal from the drop-down and document the anticipated date the permanence goal will be achieved. Describe the rationale for the child's goal(s).

View if Original:

Proposed Permanence Goals	
Child's proposed permanence and, if applicable, concurrent permanence goal of record.	
Permanence Goal:	<input type="text"/> Anticipated date the permanence goal will be achieved: <input type="text" value="00/00/0000"/>
Concurrent Goal:	<input type="text"/>
Permanence Goal	
Permanence Goal:	
Concurrent Goal	
Concurrent Goal:	

View if Subsequent:

Current Permanence Goal of Record	
Child's current permanence and, if applicable, concurrent permanence goal of record.	
Permanence Goal:	<input type="text"/>
Concurrent Goal:	<input type="text"/>
Permanence Goal	
Permanence Goal:	
Concurrent Goal	
Concurrent Goal:	
Proposed Permanence Goals	
Child's proposed permanence and, if applicable, concurrent permanence goal of record.	
Permanence Goal:	<input type="text"/> Anticipated date the permanence goal will be achieved: <input type="text" value="00/00/0000"/>
Concurrent Goal:	<input type="text"/>
Describe rationale for the child's goal(s):	
<input type="text"/>	
More... Less... Default	

23. Select the radio button for the question in the Reasonable Efforts group box. If Yes, enter the date of the court finding.

Reasonable Efforts
☐ Yes ☒ No Has the court made a finding that reasonable efforts to prevent removal or safely return to home are not required?
Date of court finding:

24. If a Termination of Parental Rights (TPR) has occurred, the date referred to District Attorney/Corporation Counsel and the date TPR filed will appear. You can create a Legal Record from the Create Legal Record hyperlink if the TPR does not exist.

Termination of Parental Rights
Date referred to District Attorney/Corporation Counsel office: Date TPR Filed: [Create Legal Record](#)

25. The ASFA Exceptions group box pre-fills if there is an ASFA Exceptions of why TPR was not being pursued at 15 of 22 months. See the associated ASFA Exceptions Quick Reference Guide to create an ASFA Exceptions.

Note: This is a point in time determination that is made by the agency and should not be modified once established, even if circumstances have changed.

ASFA Exceptions
Adoption Safe Families Act Exceptions: State the reason why TPR is not being pursued at 15 of 22 months. This is a point in time determination made by the agency and shall not be modified once established. This exception does not prohibit the agency from pursuing a TPR at a later date, if it is deemed in the child's best interests.
Date of ASFA Exception: [Create ASFA Exceptions](#)
☐ Child is placed with a fit and willing relative.
 ▶ Provide supporting information:
☐ Compelling reason(s) why termination of parental rights is not in the child's best interest.
 ▶ Provide supporting information:
☐ Reasonable efforts to safely return the child to his or her home have not been made.
 ▶ Provide supporting information:
☐ Grounds for involuntary TPR do not exist.
 ▶ Provide supporting information:

26. The Permanency Review and Permanency Hearing group boxes will pre-fill information from the Permanency Review or Hearing Results page. If this is the original Permanency Plan, the dates will display as N/A.

Permanency Review
Date of the latest Permanency Review: N/A

Permanency Hearing
Date of the latest Permanency Hearing: N/A

27. The sixth tab is the Well-Being tab. All information in the Child's Health Summary, Medication, and Current Health Care Providers group boxes pre-fills from the Person Management page. Click on the Modify hyperlink to update the associated information.

Note: Use the 'Go To' links to jump to that specific section of the Well-Bing tab.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/1993 Plan Date: 03/11/2014

Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent

Person Type: CPS, CW Plan Type: CPS, OHC, IL Next Permanency Review/Hearing Due: n/a

Basic Considerations for Review/Hearing Removal Placement Permanency **Well-Being** Safety Planning & Services

Go To

[Health Summary](#) [Medication](#) [Health Care Providers](#) [Immunizations](#) [Education](#) [Family Interaction Plan](#) [IL Services](#)

Child's Health Summary

☐ Child has chronic physical, mental or emotional issues. [Modify](#)

☐ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. [Modify](#)

Medication

Is the child prescribed medication? No [Modify](#)

Name of Medication	Dosage/Frequency	Psychotropic	Reason Medication is Prescribed	Length Prescribed	Physician/Address

Current Health Care Providers [Modify](#)

Physician:
Address:
Telephone:
Date of last exam:
Dentist:
Address:
Telephone:

Options:

100%

28. If the Immunization Information is not entered then a narrative box displays to enter the reason why they are not up to date. Click on the Modify hyperlink to update the immunization information.

Immunization Information [Modify](#)

Child's immunizations are up-to-date. No

If "No" describe why immunizations are not up-to-date and how and when this will be rectified.

[More...](#) [Less...](#) [Default](#)

A request for the child's immunization was made to on

Immunization	Date(s) Administered

29. The Educational Summary group box displays all education information. Answer the question, “Is the most recent grade report attached?” If you select No, then document who and when the request for records was made to.

All other information from this group box will pre-fill from the Education tab on Person Management. Click the Modify hyperlink to update the education information.

Educational Summary

☐ Yes ☒ No ☐ N/A Is the most recent grade report attached? [Modify](#)

If "No," a request for school records was made to: Date Requested:

<input type="checkbox"/> School district has been notified of child's placement (if age two or older).	<input checked="" type="checkbox"/> Child is less than age five and does not attend early education or day care.
<input type="checkbox"/> Child is less than age five and attends child care that is not early education, pre-school or 4K.	<input type="checkbox"/> Child is in early intervention program.
<input type="checkbox"/> Child is in pre-school.	<input type="checkbox"/> Child is in kindergarten.
<input type="checkbox"/> Child is in regular education.	<input type="checkbox"/> Child is in special education.
<input type="checkbox"/> Child is in day treatment.	<input type="checkbox"/> Child has an individualized education plan.
<input type="checkbox"/> Child is of school age but is not attending school. Provide explanation.	<input type="checkbox"/> Child was attending school but is currently listed as missing from out-of-home care placement.

Provide name and address of current school or special education providers.

Describe current academic performance. Include grade level, special achievements and current educational difficulty(s). Indicate the date and source of your information.

Current or most recent grade level:
Is this grade level where the child should be (do not include a child who voluntarily begins kindergarten at age 6)?

30. In the Visitation/Family Interaction Plan group box, information from the associated Family Interaction Plan will pre-fill. If the Family Interaction Plan does not exist, click on the Create Family Interaction Plan hyperlink. See the associated Family Interaction Plan Quick Reference Guide for additional information.

Note: If the Family Interaction Plan is pending, the hyperlink will read “Modify Family Interaction Plan.” If the Family Interaction Plan is approved, the hyperlink will read “View Family Interaction Plan.”

Note: There must be an approved associated Family Interaction Plan in order to approve the Permanency Plan.

Visitation/Family Interaction Plan

Describe the family interaction plan. [Modify Family Interaction Plan](#)

Parent/Caregiver 1: Claire Appleton

Minimum Level Required: Supervised Frequency: Enter required text here...

Supervised By: Department or contracted provider

Last Restrictive Location Permissible: Family Home

Parent/Caregiver 2: N/A

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, when and at what frequency sibling interactions will occur.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Note: If the Person Type for the child does not include CPS, then the eWiSACWIS version of the Family Interaction Plan is not required. If applicable, select the Non-eWiSACWIS Family Interaction Plan radio button and describe the family interaction plan.

Visitation/Family Interaction Plan

☐ eWiSACWIS Family Interaction Plan ☒ Non-eWiSACWIS Family Interaction Plan

[More...](#) [Less...](#) [Default](#)

31. In the Independent Living (IL) Services group box, you can maintain the services by selecting the Maintain IL Services hyperlink.

Independent Living (IL) Services

A youth is eligible for Independent Living Services when in Out-of-Home Care for six months after age of 15. [Maintain IL Services](#)

Youth is: ☐ Eligible ☒ Not Eligible

32. The Independent Living Transition to Discharge group box will display once the youth has reached 17 ½ years old. This information pre-fills from the Independent Living page and can be updated by selecting the Transition to Discharge hyperlink.

Independent Living Transition to Discharge

Transition Planning [Transition to Discharge](#)

ILTD Plan Completed: ILTD Plan Updated:
 Date of Youth's Anticipated Discharge: Anticipated Age at Discharge:
 Date of follow-up appointment following discharge:
 Desired method of contact following discharge:

Housing

Goal: Safe and secure living environment upon leaving care.
 Anticipated location youth will transition to:
 Address Youth Will Transition To:
 Housing Resource: Telephone Number at Housing Resource:
 Description of Activities to Achieve Goal:

Provider / Responsible Person:
 Date to be Completed: Goal Achieved: Date Goal Achieved:

33. The seventh tab is Safety (this tab will only display if the Person Type is CPS). From this tab, you can select the Create Safety Assessment, Analysis and Plan hyperlink to create a Safety Assessment, Analysis Plan.

Note: When the Person Type is CPS, there must be an approved associated Safety Assessment, Analysis Plan in order to approve the Permanency Plan.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/1993 Plan Date: 02/11/2013
 Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent
 Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic **Considerations for Review/Hearing** **Removal** **Placement** **Permanency** **Well-Being** **Safety** **Planning & Services**

Safety Analysis

An In-Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement. Yes [Create Safety Assessment, Analysis and Plan](#) [View Safety Assessment, Analysis and Plan](#)

Safety Services

The identified Safety Threat; Diminished Protective Capacity; and the associated Safety Services / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified and listed below:

Identified Safety Threat: One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.
 Description:
 Enter required text here...

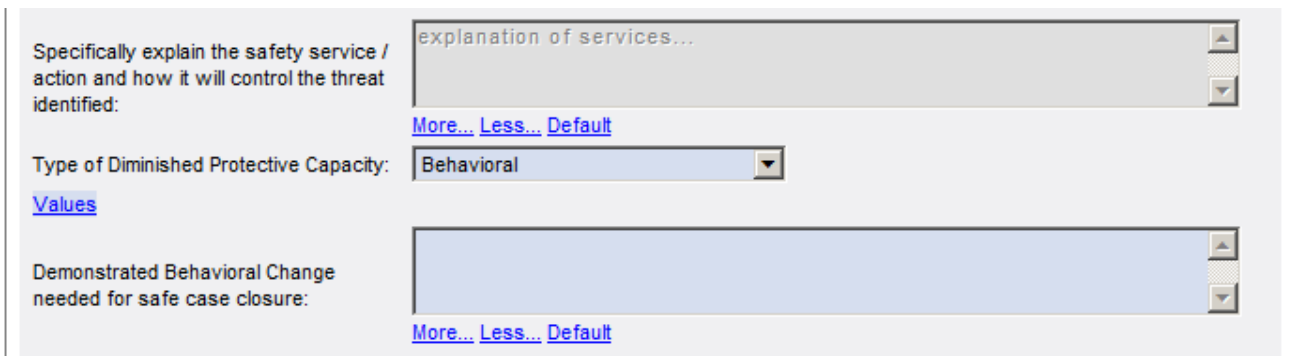
[More...](#) [Less...](#) [Default](#)

Safety Service / Action Type: Emergency Medical Care Row 1 of 1
 Safety Service Provider: Responsible Person Here...
 Describe here...
 Describe the availability, accessibility and suitability of the safety service provider involved:
 Describe here...
[More...](#) [Less...](#) [Default](#)
 Specifically explain the safety service /

Options: Go Save Close

Done Local intranet | Protected Mode: Off 100%

If Safety Services exist, select the Type of Diminished Protective Capacity, this will automatically launch the Diminished Protective Capacity Values page. The Values hyperlink can be used to return to the Diminished Protective Capacity Values page.



Specifically explain the safety service / action and how it will control the threat identified:

explanation of services...

[More...](#) [Less...](#) [Default](#)

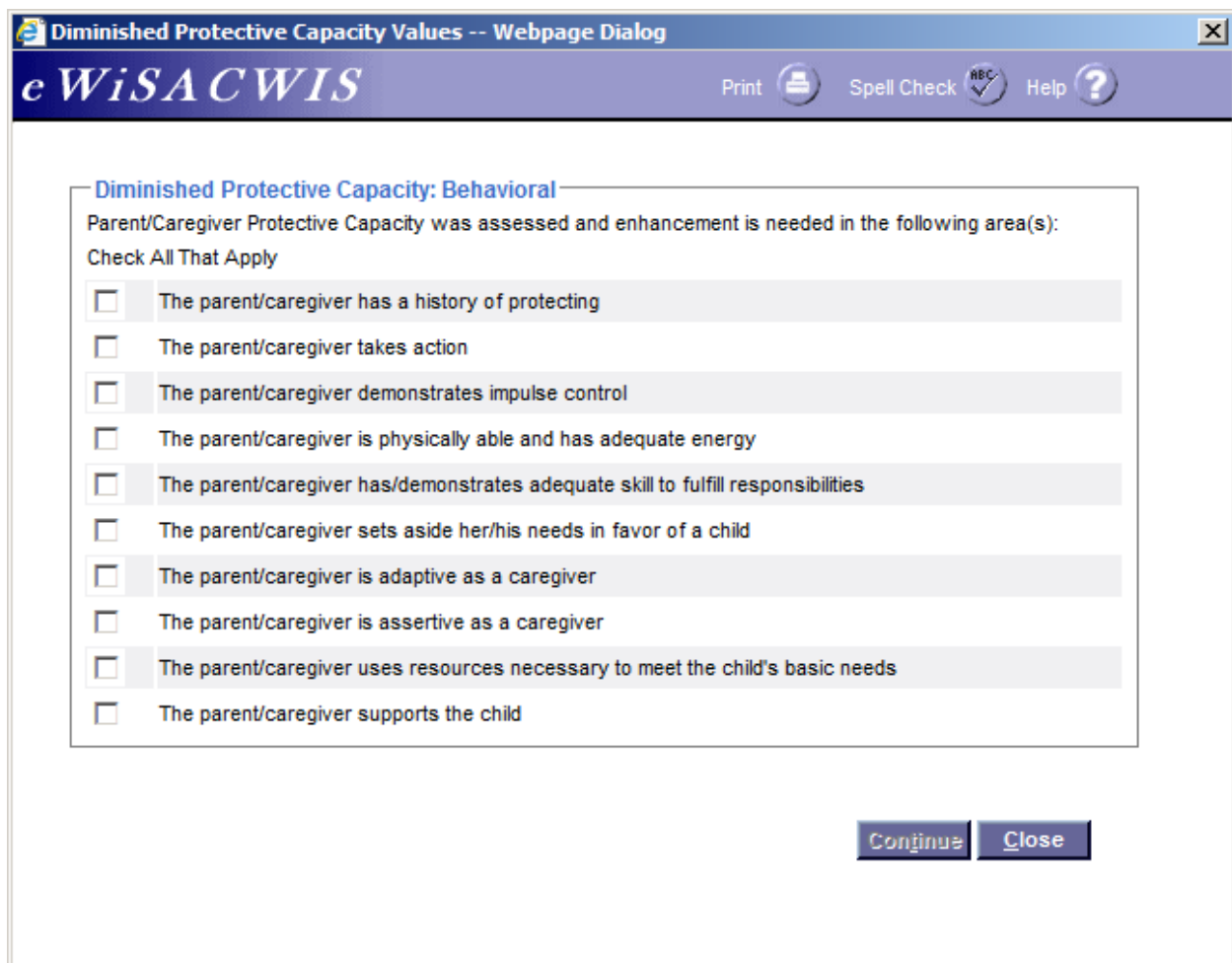
Type of Diminished Protective Capacity: Behavioral

[Values](#)

Demonstrated Behavioral Change needed for safe case closure:

[More...](#) [Less...](#) [Default](#)

On the Diminished Protective Capacity Values page, select all applicable values. Click Continue to return to the Case/Permanency Plan page.



Diminished Protective Capacity Values -- Webpage Dialog

eWiSACWIS Print Spell Check RBC Help

Diminished Protective Capacity: Behavioral

Parent/Caregiver Protective Capacity was assessed and enhancement is needed in the following area(s):

Check All That Apply

- ☐ The parent/caregiver has a history of protecting
- ☐ The parent/caregiver takes action
- ☐ The parent/caregiver demonstrates impulse control
- ☐ The parent/caregiver is physically able and has adequate energy
- ☐ The parent/caregiver has/demonstrates adequate skill to fulfill responsibilities
- ☐ The parent/caregiver sets aside her/his needs in favor of a child
- ☐ The parent/caregiver is adaptive as a caregiver
- ☐ The parent/caregiver is assertive as a caregiver
- ☐ The parent/caregiver uses resources necessary to meet the child's basic needs
- ☐ The parent/caregiver supports the child

[Continue](#) [Close](#)

Document the Demonstrated Behavioral Change needed for safe case closure.

34. In the Safety Decision group box, select the applicable checkboxes.

Safety Decision

- ☐ The use of an In-Home Safety Plan is indicated (Proceed with developing a reunification plan and a sufficient, feasible, and sustainable in-home safety plan)
- ☐ Continued Placement in out-of-home care is indicated
- ☐ Safe case closure

35. The last tab is the Planning & Services tab. By default this tab displays goals and services which were provided in the last 6 months or will be provided in the next 6 months. The 'Show' dropdown in the Goals & Services Displayed group box can be used to filter which Goals & Services display on the page. Also checking the Display History check box will display goals and services that have ended over 6 months ago.

The Child group box will pre-fill information from the most recent pending or approved Assessment, if applicable. Enter the child's general functioning information. Click Insert in the Child Goals & Services group box to add child goals and services. This will open the Goals and Services page. Click Import to copy goals and/or services from another plan on the case. This will open the Goals and Services Summary page. See step 46 on page 26 for the import feature.

Note: The text highlighted in yellow displays the number of actionable items from CANS that need to be addressed.

Case / Permanency Plan - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/1993 Plan Date: 02/11/2013
Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent
Person Type: CPS, CW Plan Type: CPS, OHC Next Permanency Review/Hearing Due: n/a

Basic **Considerations for Review/Hearing** **Removal** **Placement** **Permanency** **Well-Being** **Safety** **Planning & Services**

Goals & Services Displayed

Show: All Goals & Services Display History ☐ Start Date: 08/11/2012

Child

Identify and describe the court ordered conditions, the actions taken and the services offered or provided by the agency in the previous six months and those to be provided in the next six months to make reasonable efforts, or active efforts in the case of an Indian child to achieve the goal(s) of the Case/Permanency Plan, including services that were recommended or considered but were not available.
Describe the child's general functioning:

[More...](#) [Less...](#) [Default](#)

Child Goals & Services

0 of 5 actionable items have been considered.

All actionable items must be addressed for the child via one or more services.

Condition/Objective: condition/objective here...		Edit Delete	
Goal: goal here...			
Participant(s)	Responsible Person / Provider	Begin Date	End Date
Appleton, Sara	Nancy Gaston	10/11/2012	
Service Category	Specifically Explain Service	Status of Service	
Respite	service described...	New: New service will begin in the next six months:	

[Insert](#) [Import](#)

Options: [Go](#) [Save](#) [Close](#)

100%

36. On the Goals and Services page (accessed via the Insert button on the Planning & Services tab of the Case/Permanency Plan page), enter a condition/objective and describe the goal. In the Services group box, select the Service Category and explain the service. In the Responsible Person/Provider section, select the Provider, Medical/Mental Health Provider, Case Participant/Collateral or Worker radio button. Then click the Search hyperlink and search for the appropriate responsible person/provider. Enter the Frequency/Duration and Begin Date. If applicable, document the End Date. Click on the Add/Edit hyperlink next to the Actionable Items from CANS. This will open the Actionable Items page.

Goals and Services -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Condition / Objective

Child: Appleton, Sara

Condition/Objective:

condition/objective here...

[More...](#) [Less...](#) [Default](#)

Goal

Describe goal here...

Goal: Goal 1 of 1 [Delete](#)

Services

Service Category: Respite [Delete](#) Service 1 of 1

Specifically Explain Service: service described...

Responsible Person/Provider: ☒ Provider ☐ Medical/Mental Health Provider ☐ Case Participant/Collateral ☐ Worker [Search](#)

Name: Nancy Gaston

Frequency/Duration: 3 Hours per Week

Begin Date: 10/11/2012 End Date: 00/00/0000

Actionable Items from CANS: [Add/Edit](#)

description of progress

Insert Service

Insert Goal

Save Close

37. On the Actionable Items page, select all applicable actionable items that relate to the service. Then click Continue to return to the Case/Permanency Plan page.

Note: This page will display all actionable items from the child's most recent CANS. Each of the items with an asterisk must be addressed with one or more service. All actionable items for the child (excludes the actionable items for the current caregiver and primary identified permanent resource) must be addressed/considered in order to approve the Permanency Plan.

Actionable Items -- Webpage Dialog

eWiSACWIS

Print
Spell Check
Help

Actionable Items

All Actionable Items designated with an asterisk (*) must be marked as "Considered" via one or more services prior to approval of the Case/Permanency Plan.

Child/Youth

Considered	Select	Actionable Item	Score	Child Name
<input type="checkbox"/>	<input type="checkbox"/> *	Substance Exposure (lifetime) (Child/Youth Needs - Child Risk Factors)	2	Appleton, Sara
<input type="checkbox"/>	<input type="checkbox"/> *	Physical Abuse (lifetime) (Child/Youth Needs - Trauma)	1	Appleton, Sara
<input type="checkbox"/>	<input type="checkbox"/> *	Neglect (lifetime) (Child/Youth Needs - Trauma)	1	Appleton, Sara
<input type="checkbox"/>	<input type="checkbox"/> *	Medical Trauma (lifetime) (Child/Youth Needs - Trauma)	1	Appleton, Sara
<input type="checkbox"/>	<input type="checkbox"/> *	Labor and Delivery (lifetime) (Child/Youth Needs - Child Risk Factors)	1	Appleton, Sara

Current Caregiver

Considered	Select	Actionable Item	Score	Child Name
<input type="checkbox"/>	<input type="checkbox"/>	Social Resources (Current Caregiver - Current Caregiver Strengths & Needs)	2	Appleton, Sara
<input type="checkbox"/>	<input type="checkbox"/>	Family Stress (Current Caregiver - Current Caregiver Strengths & Needs)	2	Appleton, Sara

Continue
Close

38. Describe the progress, select the status of the service, and document the description of the status. Click the Insert Service or Insert Goal buttons to add additional services or goals to this condition/objective. Click Save and Close to return to the Case/Permanency Plan page.

Goals and Services -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Condition / Objective
 Child: Appleton, Sara
 Condition/Objective:
 condition/objective here...
[More...](#) [Less...](#) [Default](#)

Goal
 Describe goal here... Goal 1 of 1
 Goal: [Delete](#)

Services
 Name: Nancy Gaston
 Frequency/Duration: 3 Hours per Week
 Begin Date: 10/11/2012 End Date: 00/00/0000
 Actionable Items from CANS: [Add/Edit](#)
 Describe Progress: description of progress
 Status of Service: New: New service will begin in the next six months:
 Describe: new service will be beginning...
[Insert Service](#)
[Insert Goal](#)
[Save](#) [Close](#)

39. On the Planning & Services tab, the Parents/Caregivers group box will pre-fill information from the most recent pending or approved Assessment. This narrative box is enabled to enter additional information.

More..., [Less...](#), and [Default](#)."/>

Parents/Caregivers

For each parent/caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent/caregiver protective capacities impact impending danger.

Appleton, Grandpa:
 Appleton, Mom:
 Appleton, Alvin:
[More...](#) [Less...](#) [Default](#)

40. In the Parents/Caregivers Goals & Services group box, select the Insert button to add goals for the parents/caregiver. This will open the Goals and Services page.

Parents/Caregivers Goals & Services

Condition/Objective: Enter required text here...		Edit Delete	
Goal: Enter required text here...			
Participant(s)	Responsible Person / Provider	Begin Date	End Date
Appleton, Claire	Caitlin M Cake	10/04/2012	
Service Category	Specifically Explain Service	Status of Service	
Housing Assistance	Enter required text here...	New: New service will begin in the next six months:	

[Insert](#) [Import](#)

41. On the Goals and Services page, click the Add/Edit hyperlink to add the parents/caregivers these goals and services are associated to.

Goals and Services -- Webpage Dialog

eWiSACWIS [Print](#) [Spell Check](#) [Help](#)

Condition / Objective
Parent/Caregiver: [Add/Edit](#)
Condition/Objective:

[More...](#) [Less...](#) [Default](#)

Goal
Describe Goal: [Delete](#) Goal 1 of 1

Services
Service Category: [Delete](#) Service 1 of 1
Specifically Explain Service:
Responsible Person/Provider: ☒ Provider ☐ Medical/Mental Health Provider ☐ Case Participant/Collateral ☐ Worker [Search](#)
Name:
Frequency/Duration:
Begin Date: End Date:
Describe Progress:
Status of Service: [Insert Service](#)

[Insert Goal](#)

[Save](#) [Close](#)

42. On the Case Participants page, select the applicable parents/caregivers. Click Continue to return to the Goals and Services page.

<input type="checkbox"/> Select All	Name	DOB
<input type="checkbox"/>	Appleton, Alvin	01/09/2009
<input checked="" type="checkbox"/>	Appleton, Claire	10/10/1956
<input checked="" type="checkbox"/>	Appleton, Dad	10/29/1956
<input type="checkbox"/>	Appleton, Nelly	05/01/2012
<input type="checkbox"/>	Appleton, Rae	10/03/2011

[Continue](#) [Close](#)

43. On the Goals and Services page, enter a condition/objective and describe the goal. In the Services group box, select the Service Category and explain the service. In the Responsible Person/Provider section, select either the Provider, Medical/Mental Health Provider, Case Participant/Collateral or Worker radio button. Then click the Search hyperlink and search for the appropriate responsible person/provider. Enter the Frequency/Duration and Begin Date. If applicable, document the End Date. Describe the progress, select the status of the service, and document the description of the status. Click the Insert Service or Insert Goal buttons to add additional services or goals to this condition/objective. Click Save and Close to return to the Case/Permanency Plan page.

Condition / Objective
Parent/Caregiver: Appleton, Claire; Appleton, Dad [Add/Edit](#)
Condition/Objective:
condition/objective for parents/caregivers
[More...](#) [Less...](#) [Default](#)

Goal
Describe Goal: parents/caregivers goal [Delete](#) Goal 1 of 1

Services
Service Category: AODA Treatment [Delete](#) Service 1 of 1
Specifically Explain Service: service for parents/caregivers explained...
Responsible Person/Provider: ☒ Provider ☐ Medical/Mental Health Provider ☐ Case Participant/Collateral ☐ Worker [Search](#)
Frequency/Duration: 10 Hours per Week
Begin Date: 10/04/2012 End Date: 00/00/0000
Describe Progress: progress....
Status of Service: New: New service will begin in the next six months. [Insert Service](#)

[Insert Goal](#)
[Save](#) [Close](#)

44. In the Family group box, the narrative pre-fills the family's general functioning from the most recent pending or approved Assessment, if applicable. In the Family Goals & Services group box, select the Insert button to add goals and services for the family. This will open the Goals and Services page.

Family

Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context.

[More...](#) [Less...](#) [Default](#)

45. On the Goals and Services page, enter a condition/objective and describe the goal. In the Services group box, select the Service Category and explain the service. In the Responsible Person/Provider section, select either the Provider, Medical/Mental Health Provider, Case Participant/Collateral or Worker radio button. Then click the Search hyperlink and search for the appropriate responsible person/provider. Enter the Frequency/Duration and Begin Date. If applicable, document the End Date. Describe the progress, select the status of the service, and document the description of the status. Click the Insert Service or Insert Goal buttons to add additional services or goals to this condition/objective. Click Save and Close to return to the Case/Permanency Plan page.

Goals and Services -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Condition / Objective

Family:

Condition/Objective:

family condition/objective

[More...](#) [Less...](#) [Default](#)

Goal

Describe Goal: family goal

Goal 1 of 1 [Delete](#)

Services

Service Category: Family Interaction [Delete](#) Service 1 of 1

Specifically Explain Service: explanation of service

Responsible Person/Provider: ☐ Provider ☐ Medical/Mental Health Provider ☐ Case Participant/Collateral ☒ Worker [Search](#)

Name: Caitlin M Cake

Frequency/Duration: 5 Hours per Week

Begin Date: 10/04/2012 End Date: 00/00/0000


Describe Progress: progress of service

Status of Service: New: New service will begin in the next six months:

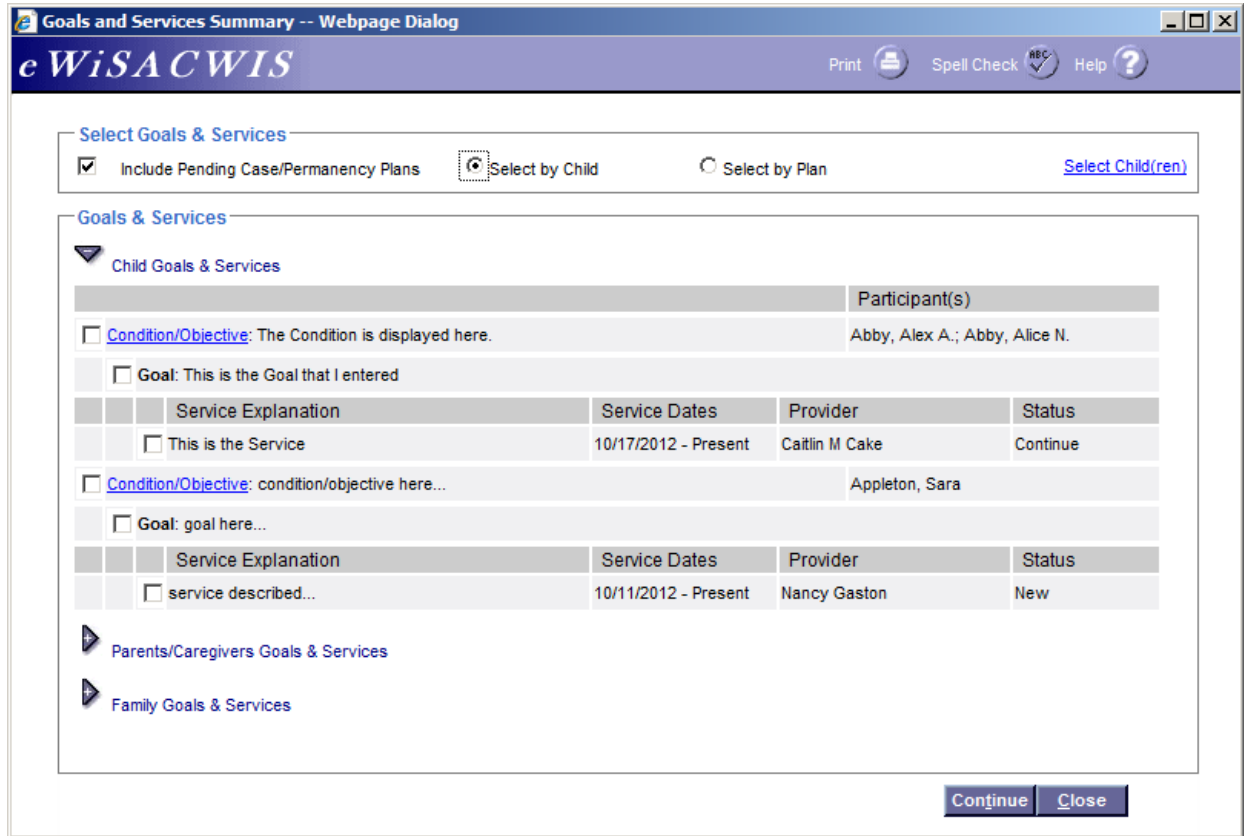
[Insert Service](#)

[Insert Goal](#)

[Save](#) [Close](#)

46. As noted above, clicking the Import button under the Child Goals & Services, Parents/Caregiver Goals & Services, or Family Goals & Services brings up the Goals and Services Summary page. This page is used to copy goals from other Case/Permanency Plans on the case. By default, the Goals and Services Summary page will display expanded for whichever section [Child, Parents/Caregiver, or Family] that the Import button was clicked under, click the  button to expand the other sections.

The Select Goals & Services group box is used to filter which plans the goals and services on this page will come from. Unchecking Include Pending Case/ Permanency Plans will hide any plan in a pending status.




Goals and Services Summary -- Webpage Dialog


Select Goals & Services


☒ Include Pending Case/Permanency Plans ☒ Select by Child ☐ Select by Plan [Select Child\(ren\)](#)

Goals & Services

 **Child Goals & Services**

		Participant(s)
<input type="checkbox"/> Condition/Objective: The Condition is displayed here.	Abby, Alex A.; Abby, Alice N.	
<input type="checkbox"/> Goal: This is the Goal that I entered		
<input type="checkbox"/> This is the Service	10/17/2012 - Present	Caitlin M Cake
		Continue
<input type="checkbox"/> Condition/Objective: condition/objective here...	Appleton, Sara	
<input type="checkbox"/> Goal: goal here...		
<input type="checkbox"/> service described...	10/11/2012 - Present	Nancy Gaston
		New

 Parents/Caregivers Goals & Services

 Family Goals & Services

[Continue](#) [Close](#)

47. By default, all children in the case will be selected (the Select by Child radio button is selected). Click the Select Child(ren) hyperlink to bring up the Child Selection page to select a specific child's plan.



Child Selection -- Webpage Dialog

Child(ren)

☒ Select All

Person Name	DOB	Plan Type
Abby, Alice N.	08/05/1999	Case Plan
Appleton, Sara	10/01/2012	Permanency Plan

[Continue](#) [Close](#)

Select the Select by Plan radio button to bring up the Plan Selection pop up to select a specific plan.

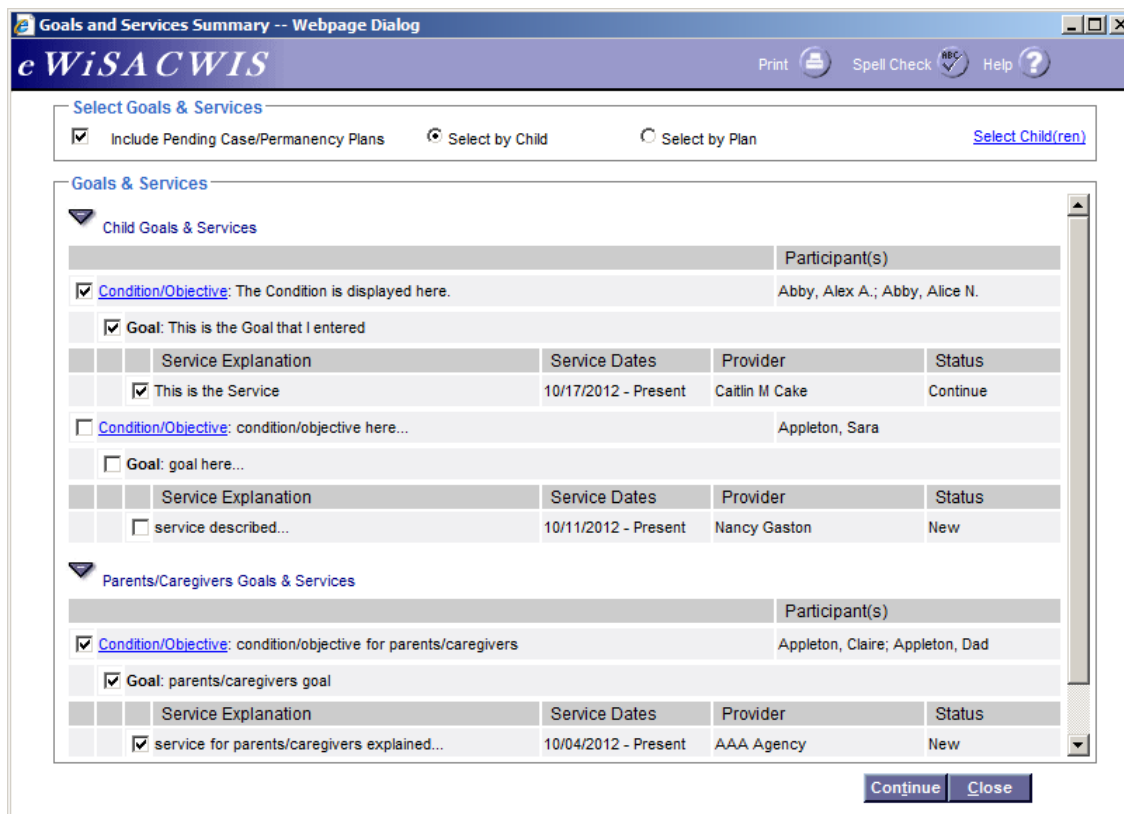


The screenshot shows a 'Plan Selection -- Webpage Dialog' window from the eWiSACWIS system. It features a table with columns: Plan Date, Plan Type, Status, and Child(ren). There are checkboxes for each row to select a plan. The 'Continue' and 'Close' buttons are at the bottom right.

<input type="checkbox"/> Select All	Plan Date ▲	Plan Type	Status	Child(ren)
<input type="checkbox"/>	10/03/2012	Case Plan	Ongoing	Appleton, Rae
<input type="checkbox"/>	10/04/2012	Case Plan	Not Approved	Appleton, Nelly
<input type="checkbox"/>	10/04/2012	Permanency Plan	Historical	Appleton, Sara
<input type="checkbox"/>	10/04/2012	Permanency Plan	Ongoing	Appleton, Sara

48. The Goals & Services group box is used to select the Condition/Objective, Goals and Services that will be copied over. Check the box next to all that apply. Click Continue to return to the Case/Permanency Plan page, the selected Conditions/Objectives, Goals and Services will appear under the corresponding Goals & Services Section.

Note: Checking the box for a Service will automatically check the box for the associated Goal and Condition/Objective.



The screenshot shows a 'Goals and Services Summary -- Webpage Dialog' window. It has tabs for 'Select Goals & Services' and 'Select by Child'. The 'Select Goals & Services' tab is active, showing a list of goals and services for a child. The list includes checkboxes for 'Condition/Objective' and 'Goal', and a table for 'Service' details (Service Explanation, Service Dates, Provider, Status). The 'Continue' and 'Close' buttons are at the bottom right.

Participant(s)
Abby, Alex A.; Abby, Alice N.

Service Explanation	Service Dates	Provider	Status
This is the Service	10/17/2012 - Present	Caitlin M Cake	Continue

Participant(s)
Appleton, Sara

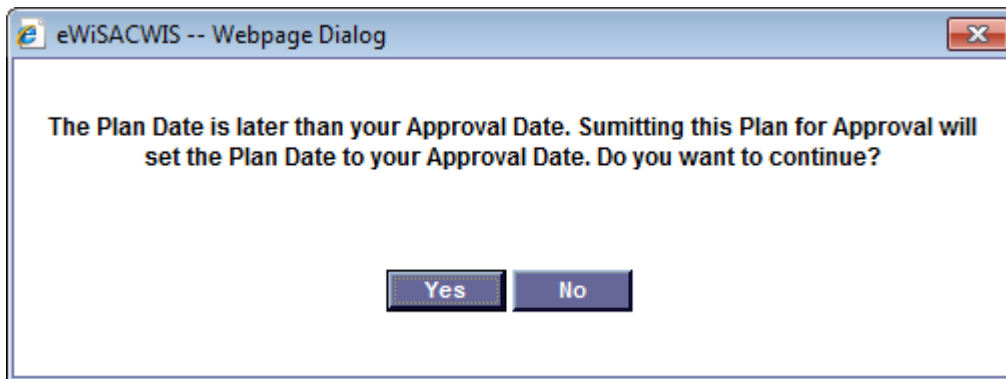
Service Explanation	Service Dates	Provider	Status
service described...	10/11/2012 - Present	Nancy Gaston	New

Participant(s)
Appleton, Claire; Appleton, Dad

Service Explanation	Service Dates	Provider	Status
service for parents/caregivers explained...	10/04/2012 - Present	AAA Agency	New

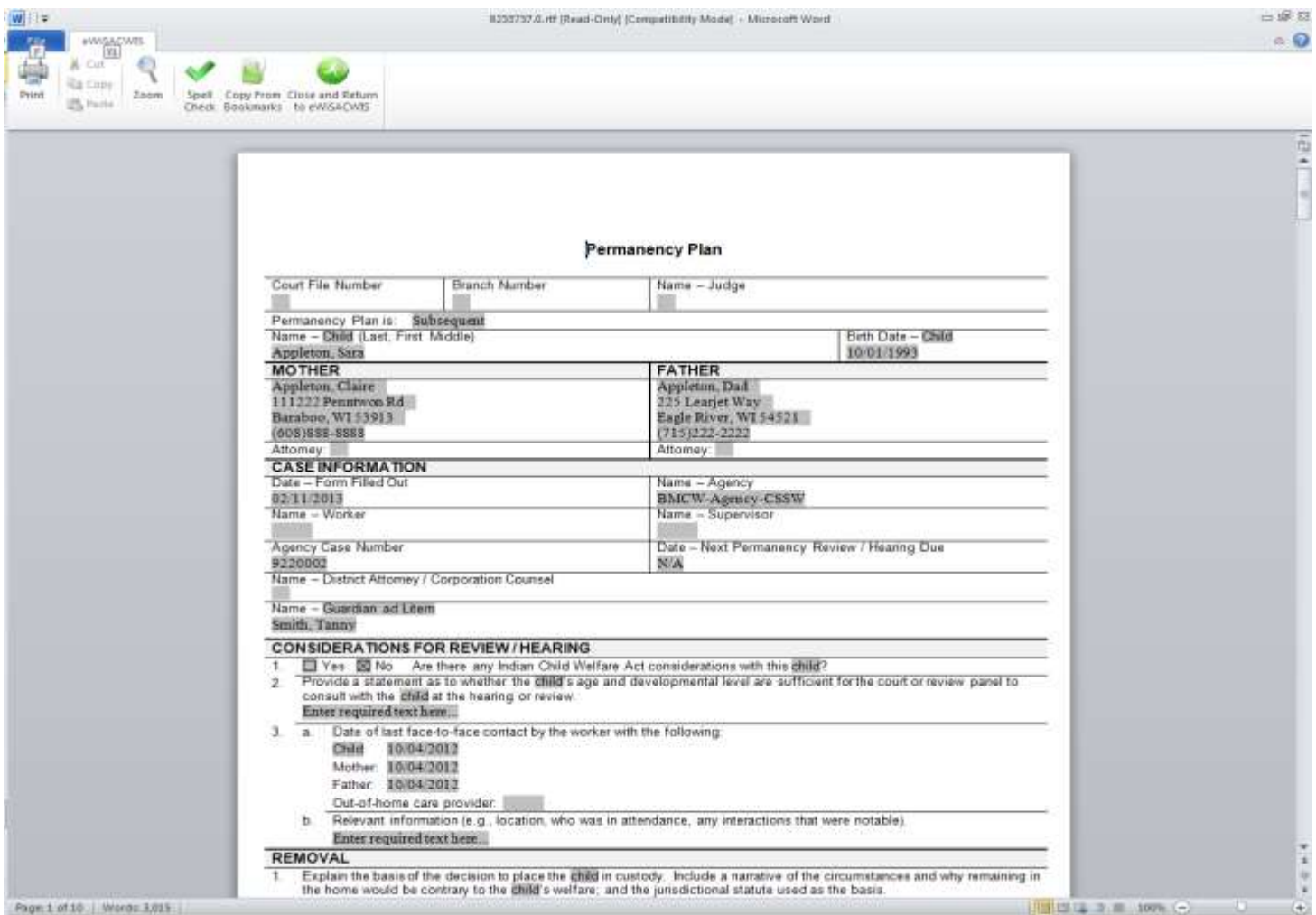
49. From the Options drop-down (on any of the tabs), you can approve the plan. Select Approval and click Go. On the Approval History page, select the Approve radio button and click Continue. On the Case/Permanency Plan page, click Save.

If a future Plan Date was documented, you can update the Plan Date to today's date.



50. You can launch the Permanency Plan template from any tab of the plan. Select Permanency Plan and click Go.

Note: The worker and supervisors names will not pre-fill to the template until after approval. The template should be printed after approval.



Permanency Plan

Court File Number	Branch Number	Name - Judge
Permanency Plan is: <u>Subsequent</u>		
Name - Child (Last, First Middle)		Birth Date - Child
Appleton, Sara		10/01/1993
MOTHER		FATHER
Appleton, Claire		Appleton, Dad
111222 Pennwood Rd		125 Learjet Way
Baraboo, WI 53913		Eagle River, WI 54521
(608)888-8883		(715)222-2222
Attorney		Attorney
CASE INFORMATION		
Date - Form Filled Out		Name - Agency
02/11/2013		BMCW-Agency-CSSW
Name - Worker		Name - Supervisor
Agency Case Number		Date - Next Permanency Review / Hearing Due
9220002		N/A
Name - District Attorney / Corporation Counsel		
Name - Guardian ad Litem		
Smith, Tanny		
CONSIDERATIONS FOR REVIEW / HEARING		
1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are there any Indian Child Welfare Act considerations with this child?		
2. Provide a statement as to whether the child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or review.		
Enter required text here.		
3. a. Date of last face-to-face contact by the worker with the following:		
Child: 10/04/2012		
Mother: 10/04/2012		
Father: 10/04/2012		
Out-of-home care provider:		
b. Relevant information (e.g., location, who was in attendance, any interactions that were notable)		
Enter required text here.		
REMOVAL		
1. Explain the basis of the decision to place the child in custody. Include a narrative of the circumstances and why remaining in the home would be contrary to the child's welfare; and the jurisdictional statute used as the basis.		

51. You can launch the History of Planning and Services template from any tab of the plan. This template contains the full history of Goals & Services that have been documented for the child(ren) on this plan (it does not print the selected period if the Display History check box is selected). Select History of Planning and Services and click Go.

History of Planning and Services

Name - Child (Last, First, Middle): Appleton, Sara Birth Date - Child: 10/01/1993

Name - Mother: Appleton, Claire Name - Father: Appleton, Dad

CURRENT PLANNING AND SERVICES

Child: Appleton, Sara

Condition / Objective: condition/objective here...

Goal: goal here...

Service category: Respite

Specifically explain service: service described...

Responsible person / provider: Nancy Gaston

Frequency / Duration: 3 Hours per Week

Begin date: 10/11/2013 End date:

Describe progress: description of progress

Status of service: New: New service will begin in the next six months:
new service will be beginning

Parent / Caregiver: Appleton, Claire, Appleton, Dad

Condition / Objective: condition/objective for parents/caregivers

Goal: parents/caregivers goal

Service category: AODA Treatment

Specifically explain service: service for parents/caregivers explained...

Responsible person / provider: AAA Agency

Frequency / Duration: 10 Hours per Week

Begin date: 10/04/2012 End date:

Describe progress: progress...

Status of service: New: New service will begin in the next six months:
new service for parents/caregivers

Family Condition / Objective:

Goal:

Service category:

Specifically explain service:

Responsible person / provider:

Frequency / Duration:

Begin date: End date:

Describe progress:

Status of service:

HISTORICAL PLANNING AND SERVICES

52. The Permanency Plan will appear on the desktop under the Case/Permanency Plan icon. Click the Permanency Plan icon to see all of the related work associated to that Permanency Plan (a link to the associated review or hearing displays to the left)

[Appleton, Claire \(9220002 \)](#) [Actions](#)

CPS Family - Ongoing 12/10/2001 Cake, Caitlin M. BMCW-Agency-CSSW 111222 Penntwon Rd , Baraboo, WI 53913

Administration

Agreements and Notices

Assets and Income

Assignment

Case/Permanency Plan

[Permanency Plan \(CPS, OHC, IL\) 10/04/2013 Appleton, Sara Onqoing](#) [Hearing 10/10/2013](#)

[Reconfirming Safe Environments 10/04/2012 - Approved](#)

[CANS Out of Home 10/04/2012 Appleton, Sara Approved](#)

[Family Interaction Plan - Onqoing 10/04/2012 Appleton, Sara](#)

[Relative/Non-Relative Search Appleton, Sara](#)

[Safety Assessment, Analysis and Plan Unsafe 10/04/2012](#)

[Permanency Hearing \(12 month - Judicial\) - Approved 10/10/2013 Appleton, Sara](#)

Eligibility

ICWA

Legal

53. An option to revise a Perm Plan is available if revisions were ordered at the Hearing/Review. The revise option will only be available if; the review is a judicial review or a panel review with one of the recommendations selected as 'Yes', and the review must be within 30 days of the plan date.

On a revised plan the Permanence Goals on the Permanency tab and the Goals and Services on the Planning & Services tab can be edited. Everything else copies over exactly from the plan that the revise option was launched from.

To revise a plan select 'Revise' from the options drop down on the plan to be revised.

eWiSACWIS TM Print Spell Check Help

Basic

Child Name: [Appleton, Sara \(9226178\)](#) Birth Date: 10/01/1993 Plan Date: 10/04/2013

Case Name: [Appleton, Claire \(9220002\)](#) Plan Is: Subsequent

Person Type: CPS, CW Plan Type: CPS, OHC, IL Next Permanency Review/Hearing Due: n/a

Basic Considerations for Review/Hearing Removal Placement Permanency Well-Being Safety Planning & Services

Court Information

Court File Number(s)	Branch	Judge
Not Applicable		

[Add/Edit](#)

Parent Info

Mother:	Father:
Appleton, Claire	Appleton, Dad
Address: 111222 Penntwon Rd Baraboo , WI 53913	Address: 225 Learjet Way Eagle River , WI 54521
Phone: (608)888-8888	Phone: (715)222-2222
Cell Phone:	Cell Phone:
Mother's Attorney:	Father is:
	Father's Attorney:

Collaterals

Guardian ad Litem: Smith, Tanny Public Defender / Attorney for Child:

Options: [Go](#) [Save](#) [Close](#)

Actions

- Approval
- Revise**
- Terminate

100%